AN: A131413

TI: CRITERIA FOR THE DIAGNOSIS OF ASSESTOSIS AND CONSIDERATIONS IN THE ATTRIBUTION OF LUNG CANCER AND MESOTHEL IOMA TO ASSESTOS EXPOSURE

AU: Abbastos International Association
SO: International Archives of Occupational and Environmental Health, Feb.1982, vol.49, no.3/4, 357/361,
AB: Criteria considered include: history, clinical signs, crepitations, breathlessness, clubbing, cough, radiological aspects, plopsy, ung function

44 of 139

AN: A205561

TI: ASBESTOS EXPOSURE, PLEURAL PLAQUES AND THE RISK OF LUNG CANCER.

AU: Edelman-DA

SO: International Archives of Occupational and Environmental Health. 1988, vol.60, no.6, 389-393.

AB: Studies which have evaluated the relationship between pleural plaques and smoking have found a higher prevalence of smokers among persons with pleural plaques. Pleural plaques are a relatively frequent finding among persons with occupational exposure to asbestos. Some studies, but not others, have shown that persons with pleural plaques have a higher risk of lung cancer. None of these studies controlled for the effects of smoking, and since smoking is more prevalent among persons with pleural plaques, it is unlikely that the increased risk of lung cancer to persons with pleural plaques, found in some studies, is due to the pleural plaques. 27 refs.

45 of 139

33 of 139

AN: A212793

TI: LARYNGEAL CANCER AND OCCUPATIONAL EXPOSURE TO ASBESTOS.

AU: Edelman-DA

SO: International Archives of Occupational and Environmental Health. 1989, vol.61, no.4, 223-227.

AB: The risk of laryngeal cancer associated with occupational exposure to asbestos was evaluated by a review of published reports. In only two of 13 cohort Ab. The has of larginged cancer associated with occupational exposure to appear as evaluated by a review of positional reports. It only two of 15 controlled standardized mortality ratio (SMR) significantly increased. Smoking (a risk factor for largingeal cancer) may have been more prevalent among asbestos workers than among the comparison populations. This was not taken into account in any of the studies, and may have caused the SMRs to be afficing assession with the studies and comparison populations. The was not taken the account at any or the studies, and may have caused the owners of overestimated. Two of eight case-control studies reported large odds ratios for laryngeal cancer. Subsequent case-control studies did not confirm this Overlessmalled. Two or eight cases control sources reported range codes range in any range control studies, is that neither case-control nor cohort studies have established an increased risk of laryngeal cancer for asbestos workers. 31 refs.